

(1) PLACE OF BIRTH

County of OrangeburgTownship of Rocky Hill

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12241

Registration District No. 3609 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Jessie Lee James

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>4</u> <u>9</u> <u>1915</u>
<small>To be answered only in case of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

FATHER.

(8) FULL NAME Jessie James(9) PRESENT POSTOFFICE OF FATHER Rocky Hill(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Rocky Hill(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie McKeown(15) PRESENT POSTOFFICE OF MOTHER Rocky Hill(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Rocky Hill(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Rocky Hill on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel J. Scott, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. B. McKeown (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4-17-1915 (28) J. B. McKeown Local Registrar

*When there was no attending physician or midwife, then the father, householders, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia